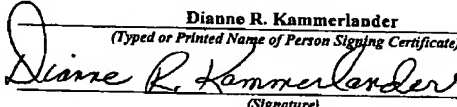
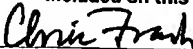


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Daniel P. Hurt			2004-2148.ORI
Application No. 10/786,767	Filing Date Feb. 25, 2004	Examiner C. J. Novosad	Group Art Unit 3671
Invention: ERGONOMIC HAND TOOL			
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I hereby certify that this <u>Response (6 pages), transmittal letter (1 page), and Associate Power of Attorney</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>November 22, 2004</u> (Date)			
<div>Dianne R. Kammerlander (Typed or Printed Name of Person Signing Certificate)</div> <div> (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 2004-2148.ORI	
Applicant(s): Daniel P. Hurt					
Application No. 10/786,767	Filing Date Feb. 25, 2004	Examiner C. J. Novosad	Customer No. 022476	Group Art Unit 3671	Confirmation No. 2853
Invention: ERGONOMIC HAND TOOL					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	20	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1	3	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0789 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Christopher G. Frank, Reg. #52910 HAUGEN LAW FIRM PLLP 1130 TCF Tower 121 South Eighth Street Minneapolis, MN 55402			Dated: November 22, 2004		
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		

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PATENT APPLICATION

Docket No. 2004-2148.ORI
UNITED STATES PATENT AND TRADEMARK OFFICE

Re App:	Daniel P. Hurt	Date:	November 22, 2004
S.N.:	10/786,767	Group Art:	3671
Filed:	February 25, 2004	Examiner:	Christopher J. Novosad
For:	ERGONOMIC HAND TOOL		

RESPONSE

VIA FACSIMILE: 703.872.9306

Mail Stop Non-Fee Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is submitted in response to the Official
Action dated August 25, 2004 in the above-identified
application. Please consider the following remarks.